THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

IN RE: Residential Capital, LLC, Debtor(s).
1177 Avenue of the Americas
New York, NY 10036
20-1770738

Case No. 12-12020 MG Chapter 11

NOTICE OF WITHDRAWAL OF CLAIM

Pursuant to Fed. R. Bankr. P. 3006, the TN Dept. of Revenue withdraws the following claim. A copy of the withdrawn claim is attached hereto for reference.

Amount of Claim: \$15,915.52

Date Claim Filed: October 08, 2012 Account Number: Claim # 1044

> Respectfully submitted, Robert E. Cooper, Jr. Attorney General and Reporter

/s/Marvin E. Clements, Jr.

Marvin E. Clements, Jr.

Senior Counsel BPR No. 016031 OFFICE OF THE ATTORNEY GENERAL BANKRUPTCY DIVISION

P O BOX 20207

Nashville, TN 37202-0207

Phone: 615-532-2504 Fax: 615-741-3334

CERTIFICATE OF SERVICE

I certify that on ______ a copy of this pleading was deposited in the United States mail, first class, postage prepaid, or sent electronically (or both as required by local rules) to the parties set out below.

/s/Marvin E. Clements, Jr.

Marvin E. Clements, Jr. Senior Counsel

Office of the U.S. Trustee 33 Whitehall Street, 21st Flr. New York, New York 10004-2112 Larren M. Nashelsky Attorney for the Debtor(s) Morrison & Foerster LLP 1290 Avenue of the Americas New York, NY 10104 B10 (Official Form 10)

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United States Bankruptcy Court		PROOF OF CLAIM		namnil einistronnillo, syddin yndarugdi sydnefisi (2004)llathining (2007)llathining (2007)	
SOUTHERN District of NI	3W YORK			63 S N 4 4	10111
In re (Name of Debtor)		Case Number	Chapter	Claim #_	1099
HOMECOMINGS FINANCIAL, LLC		12-12042	11	Initials	M
NOTE: This form should not be used to make a the case. A "request" for payment of an admini	ı claim for an administrative e strative expense may be filed	expense arising after the pursuant to 11 U.S.C.	commencement of §503.	eraktikuunda on matika, josta kuususa kaskistiliksi kirka, joji kuu upuun ja kaskista daama kaskistaksi.	
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property)		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		RECEIVED	
Name and Address Where Notices Should be Sent					
Tennessee Department of Revenue C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207		Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.		OCT 0 8 2012	
				KURTZMAN CARSOI	I CONSULTANTS
Telephone No.				THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CRED 51-0369458/000	Check box if this claim		a previously filed claim, dated:		
1. BASIS FOR CLAIM		1	amends		
☐ Goods sold	Ī	Retiree benefits as d	efined in 11 U.S.C. §11	14(a)	
Services performed	Wages, salaries, and compensation (Fill out below) Your social security number				
□ Money loaned □ Personal injury/wrongful death		Unpaid compensation	n for services performed		
x Taxes		from(date		o(da	te)
☐ Other (Describe briefly)		, , , , , , , , , , , , , , , , , , , ,			
2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAINED:				
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be CHECK THE APPROPRIATE BOX OR BOXES that best describe your classification. SECURED CLAIM Security interest Brief Description of Collateral: Real Estate Motor Vehicle Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any Secured Claim above, if any Secured Claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less that the amount of the claim.		e in one category and part in another. Islaim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. □ Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier —11 U.S.C. §507(a)(3) □ Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4) □ Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use —11 U.S.C. §507(a)(6) □ Alimony, maintenance, or support owed to a spouse, former spouse, or child —11 U.S.C. §507(a)(7) □ Taxes or penalties of governmental units —11 U.S.C. §507(a)(8)			
XIUNSECURED PRIORITY CLAIM \$15.02: Specify the priority of the claim.	3.76	Amounts are subje	plicable paragraph of 11 ect to adjustment on 4/1/ es commenced on or aft	98 and every 3 years the	ereafter nt.
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$891.76 (Unsecured)	\$ (Secure		,023.76 (Priority)	\$15,915.52 (Tot	al)
Check this box if claim includes charges in	addition to the principal amo	ount of the claim. Attach	itemized statement of a	Il additional charges.	
 CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 			THIS S	PACE IS FOR TUSE ONLY	
SUPPORTING DOCUMENTS: Attach cop invoices, itemized statements of running a documents are not available, explain. If the	ccounts, contracts, court lude	aments, or evidence of s	ites, purchase orders, security interests. If the		
TIME-STAMPED COPY: To receive an accenvelope and copy of this proof of claim.	knowledgement of the filing o	of your claim, enclose a	stamped, self-addresse	d (°(0)[
DATE October 3, 2012 Sign and pri authorized to	nt the name and title, if any, on the state of the this claim (attach copy of	of power of attorney, if a	ny)		
	Milbur E. Hooks	_ Signature: Util	res & Hook	a)	
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.000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

ALL INQUIRIES CONTACT: